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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

|                        |  |
|------------------------|--|
| Attorney Docket No.    | 8569   |
| First Inventor         | Larry Richard Robinson et al.                                  |
| Assignee               | The Procter & Gamble Company                                   |
| Title                  | Methods of Enhancing Delivery of Oil Soluble Skin Care Actives |
| Express Mail Label No. | EK991717376US  |

**APPLICATION ELEMENTS**

See MPEP Chapter 600 concerning utility patent application contents.

ADDRESS TO: **Commissioner for Patents  
Box Patent Application  
Washington, D.C. 20231**

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status  
(see 37 CFR §1.27)
3. ☒ Specification Total Pages [39 + abstract]  
(preferred arrangement set forth below)
  - Descriptive Title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R&D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☐ Drawing(s) (35 USC §113) Total Sheets ☐
5. Oath or Declaration Total pages [2]
  - a. ☒ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 CFR §1.63(d))  
(for continuation/divisional with Box 18 complete)
  - i. ☐ **DELETION OF INVENTORS**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §§1.63(d)(2) and 1,33(b).
6. ☐ Application Data Sheet. See 37 CFR §1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ Paper
  - c. ☐ Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure ☐ Copies of IDS  
Statement (IDS)/PTO-1449 Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other: .....

18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in the preliminary amendment, or in an Application Data Sheet under 37 CFR §1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No. /

Prior application information:

Examiner: \_\_\_\_\_

Group/Art Unit: \_\_\_\_\_

For **CONTINUATION OR DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

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|-------------------|-----------------------|-----------------------------------|--------------|
| Name (Print/Type) | Fumiko Tsuneki        | Registration No. (Attorney/Agent) | 40,512       |
| Signature         | <i>Fumiko Tsuneki</i> | Date                              | May 29, 2001 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.



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| <b>FEE TRANSMITTAL</b><br><b>for FY 2001</b><br>Patent fees are subject to annual revision. | <b>Complete if Known</b> |                               |
|   | Application Number       |                               |
|   | Confirmation Number      |                               |
|   | Filing Date              | May 29, 2001                  |
|   | First Named Inventor     | Larry Richard Robinson et al. |
|   | Examiner Name            |                               |
|   | Group/Art Unit           |                               |
| TOTAL AMOUNT OF PAYMENT (\$988.00)  |                          | Attorney Docket No.. 8569     |

| <b>METHOD OF PAYMENT (check one)</b>  |                    | <b>FEE CALCULATION (continued)</b>   |   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
|---|--------------------|--|---|-----------------|----------|-----------------|----------|--------------------|----------|-----------------------------------|--------------------------|-------------------|--------------------------|--|--------------------------|------------------|--------------------------|---------------------------|--------------------------|--------------------|--------------------------|--|--------------------------|------------------------|--------------------------|--|--------------------------|-----|---------------------|--|--------------------------|-----|-------|--|--------------------------|-----|--------|--|--------------------------|--------------|--------------------|--|--------------------------|--------------------|-----------------|--|--------------------------|--------------------|-------|--|---|---|-----|------------------|--------------------------|-----------|-----|--|--------------------------|-----------------|-----|--------------------------|--------------------------|-----|-------|---|--------------------------|-----|-----|-----------------------------------|--------------------------|-----|-------|---------------------------------------|--------------------------|-----|-------|---|--------------------------|-----|-----|---|--------------------------|---------------------|-----|-----------------|--------------------------|-----|-----|-------------------------------|--------------------------|-----|----|---|--------------------------|-----|-----|---|--------------------------|-----|-----|---|--------------------------|-----|-----|--|--------------------------|-----|-----|---|--------------------------|-----|-----|---|--------------------------|---------------------------|--|--|--------------------------|---------------------------|--|--|--------------------------|
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:<br><br>Deposit Account Number <b>16-2480</b><br>Deposit Account Name <b>The Procter &amp; Gamble Company</b><br><br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under status. See 37 CFR §127 37 C.F.R. §§1.16 and 1.17   |                    | 3. <b>ADDITIONAL FEES</b><br><br><table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>Surcharge-late filing fee or oath</td><td><input type="checkbox"/></td></tr> <tr><td>127</td><td>50</td><td>Surcharge-late provisional filing fee or cover sheet</td><td><input type="checkbox"/></td></tr> <tr><td>139</td><td>130</td><td>Non-English specification</td><td><input type="checkbox"/></td></tr> <tr><td>147</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td><input type="checkbox"/></td></tr> <tr><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>115</td><td>110</td><td>Extension for reply within 1<sup>st</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>116</td><td>390</td><td>Extension for reply within 2<sup>nd</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>117</td><td>890</td><td>Extension for reply within 3<sup>rd</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>118</td><td>1,390</td><td>Extension for reply within 4<sup>th</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>128</td><td>1,890</td><td>Extension for reply within 5<sup>th</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>119</td><td>310</td><td>Notice of Appeal</td><td><input type="checkbox"/></td></tr> <tr><td>120</td><td>310</td><td>Filing a brief in support of an appeal</td><td><input type="checkbox"/></td></tr> <tr><td>121</td><td>270</td><td>Request for oral hearing</td><td><input type="checkbox"/></td></tr> <tr><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td><input type="checkbox"/></td></tr> <tr><td>140</td><td>110</td><td>Petition to revive - unavoidable</td><td><input type="checkbox"/></td></tr> <tr><td>141</td><td>1,240</td><td>Petition to revive - unintentional</td><td><input type="checkbox"/></td></tr> <tr><td>142</td><td>1,240</td><td>Utility issue fee (or reissue)</td><td><input type="checkbox"/></td></tr> <tr><td>143</td><td>440</td><td>Design issue fee</td><td><input type="checkbox"/></td></tr> <tr><td>144</td><td>600</td><td>Plant issue fee</td><td><input type="checkbox"/></td></tr> <tr><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td><input type="checkbox"/></td></tr> <tr><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td><input type="checkbox"/></td></tr> <tr><td>126</td><td>240</td><td>Submission of IDS per property (times number of properties)</td><td><input type="checkbox"/></td></tr> <tr><td>146</td><td>710</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td><input type="checkbox"/></td></tr> <tr><td>149</td><td>710</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td><input type="checkbox"/></td></tr> <tr><td>179</td><td>710</td><td>Request for Continued Examination (RCE)</td><td><input type="checkbox"/></td></tr> <tr><td>169</td><td>710</td><td>Request for expedited examination of a design application</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> </tbody> </table> |   | Code            | (\$)     | Fee Description | Fee Paid | 105                | 130      | Surcharge-late filing fee or oath | <input type="checkbox"/> | 127               | 50                       | Surcharge-late provisional filing fee or cover sheet | <input type="checkbox"/> | 139              | 130                      | Non-English specification | <input type="checkbox"/> | 147                | 2,520                    | For filing a request for <i>ex parte</i> reexamination | <input type="checkbox"/> | 112                    | 920*                     | Requesting publication of SIR prior to Examiner's action | <input type="checkbox"/> | 113 | 1,840*              | Requesting publication of SIR after Examiner's action  | <input type="checkbox"/> | 115 | 110   | Extension for reply within 1 <sup>st</sup> month | <input type="checkbox"/> | 116 | 390    | Extension for reply within 2 <sup>nd</sup> month | <input type="checkbox"/> | 117          | 890                | Extension for reply within 3 <sup>rd</sup> month | <input type="checkbox"/> | 118                | 1,390           | Extension for reply within 4 <sup>th</sup> month | <input type="checkbox"/> | 128                | 1,890 | Extension for reply within 5 <sup>th</sup> month | <input type="checkbox"/>                            | 119   | 310 | Notice of Appeal | <input type="checkbox"/> | 120       | 310 | Filing a brief in support of an appeal | <input type="checkbox"/> | 121             | 270 | Request for oral hearing | <input type="checkbox"/> | 138 | 1,510 | Petition to institute a public use proceeding | <input type="checkbox"/> | 140 | 110 | Petition to revive - unavoidable  | <input type="checkbox"/> | 141 | 1,240 | Petition to revive - unintentional    | <input type="checkbox"/> | 142 | 1,240 | Utility issue fee (or reissue)                    | <input type="checkbox"/> | 143 | 440 | Design issue fee  | <input type="checkbox"/> | 144                 | 600 | Plant issue fee | <input type="checkbox"/> | 122 | 130 | Petitions to the Commissioner | <input type="checkbox"/> | 123 | 50 | Petitions related to provisional applications | <input type="checkbox"/> | 126 | 240 | Submission of IDS per property (times number of properties) | <input type="checkbox"/> | 146 | 710 | Filing a submission after final rejection (37 CFR § 1.129(a)) | <input type="checkbox"/> | 149 | 710 | For each additional invention to be examined (37 CFR § 1.129(b)) | <input type="checkbox"/> | 179 | 710 | Request for Continued Examination (RCE) | <input type="checkbox"/> | 169 | 710 | Request for expedited examination of a design application | <input type="checkbox"/> | Other fee (specify) _____ |  |  | <input type="checkbox"/> | Other fee (specify) _____ |  |  | <input type="checkbox"/> |
| Code  | (\$)               | Fee Description  | Fee Paid  |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| 105   | 130                | Surcharge-late filing fee or oath  | <input type="checkbox"/>                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| 127   | 50                 | Surcharge-late provisional filing fee or cover sheet   | <input type="checkbox"/>                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| 139   | 130                | Non-English specification  | <input type="checkbox"/>                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| 147   | 2,520              | For filing a request for <i>ex parte</i> reexamination   | <input type="checkbox"/>                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| 112   | 920*               | Requesting publication of SIR prior to Examiner's action   | <input type="checkbox"/>                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| 113   | 1,840*             | Requesting publication of SIR after Examiner's action  | <input type="checkbox"/>                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| 115   | 110                | Extension for reply within 1 <sup>st</sup> month   | <input type="checkbox"/>                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| 116   | 390                | Extension for reply within 2 <sup>nd</sup> month   | <input type="checkbox"/>                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| 117   | 890                | Extension for reply within 3 <sup>rd</sup> month   | <input type="checkbox"/>                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| 118   | 1,390              | Extension for reply within 4 <sup>th</sup> month   | <input type="checkbox"/>                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| 128   | 1,890              | Extension for reply within 5 <sup>th</sup> month   | <input type="checkbox"/>                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| 119   | 310                | Notice of Appeal   | <input type="checkbox"/>                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| 120   | 310                | Filing a brief in support of an appeal   | <input type="checkbox"/>                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| 121   | 270                | Request for oral hearing   | <input type="checkbox"/>                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| 138   | 1,510              | Petition to institute a public use proceeding  | <input type="checkbox"/>                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| 140   | 110                | Petition to revive - unavoidable   | <input type="checkbox"/>                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| 141   | 1,240              | Petition to revive - unintentional   | <input type="checkbox"/>                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| 142   | 1,240              | Utility issue fee (or reissue)   | <input type="checkbox"/>                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| 143   | 440                | Design issue fee   | <input type="checkbox"/>                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| 144   | 600                | Plant issue fee  | <input type="checkbox"/>                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| 122   | 130                | Petitions to the Commissioner  | <input type="checkbox"/>                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| 123   | 50                 | Petitions related to provisional applications  | <input type="checkbox"/>                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| 126   | 240                | Submission of IDS per property (times number of properties)  | <input type="checkbox"/>                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| 146   | 710                | Filing a submission after final rejection (37 CFR § 1.129(a))  | <input type="checkbox"/>                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| 149   | 710                | For each additional invention to be examined (37 CFR § 1.129(b))   | <input type="checkbox"/>                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| 179   | 710                | Request for Continued Examination (RCE)  | <input type="checkbox"/>                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| 169   | 710                | Request for expedited examination of a design application  | <input type="checkbox"/>                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| Other fee (specify) _____   |                    |  | <input type="checkbox"/>                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| Other fee (specify) _____   |                    |  | <input type="checkbox"/>                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| <b>FEE CALCULATION</b><br>1. <b>BASIC FILING FEE - Large Entity</b><br><br><table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>Utility filing fee</td><td>[710.00]</td></tr> <tr><td>105</td><td>320</td><td>Design filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>107</td><td>490</td><td>Plant filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>108</td><td>710</td><td>Reissue filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>114</td><td>150</td><td>Provisional filing fee</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3"><b>SUBTOTAL (1)</b></td><td><b>(\$)[710.00]</b></td></tr> </tbody> </table> |                    | Code   | (\$)  | Fee Description | Fee Paid | 101             | 710      | Utility filing fee | [710.00] | 105                               | 320                      | Design filing fee | <input type="checkbox"/> | 107  | 490                      | Plant filing fee | <input type="checkbox"/> | 108                       | 710                      | Reissue filing fee | <input type="checkbox"/> | 114  | 150                      | Provisional filing fee | <input type="checkbox"/> | <b>SUBTOTAL (1)</b>                                      |                          |     | <b>(\$)[710.00]</b> | 2. <b>EXTRA CLAIM FEES - Large Entity</b><br><br><table border="1"> <thead> <tr> <th></th> <th>Extra</th> <th>Below</th> <th>Fee</th> </tr> <tr> <th></th> <th>Claims</th> <th>Fee</th> <th>Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>[31] - 20** = [11]</td> <td>x</td> <td>[18] = [198.00]</td> </tr> <tr> <td>Independent Claims</td> <td>[4] - 3** = [1]</td> <td>x</td> <td>[80] = [80.00]</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td><input type="checkbox"/> = <input type="checkbox"/></td> </tr> <tr><td colspan="4">** or number previously paid, if greater; For Reissues, see below</td></tr> <tr><td colspan="4">Code (\$)</td></tr> <tr><td colspan="4">Fee Description</td></tr> <tr><td>103</td><td>18</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>80</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>270</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>80</td><td>**Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>**Reissue claims in excess of 20 &amp; over original patent</td><td></td></tr> <tr><td colspan="3"><b>SUBTOTAL (2)</b></td><td><b>(\$)[278.00]</b></td></tr> </tbody> </table> |                          |     | Extra | Below  | Fee                      |     | Claims | Fee  | Paid                     | Total Claims | [31] - 20** = [11] | x  | [18] = [198.00]          | Independent Claims | [4] - 3** = [1] | x  | [80] = [80.00]           | Multiple Dependent |       |  | <input type="checkbox"/> = <input type="checkbox"/> | ** or number previously paid, if greater; For Reissues, see below |     |                  |                          | Code (\$) |     |  |                          | Fee Description |     |                          |                          | 103 | 18    | Claims in excess of 20                        |                          | 102 | 80  | Independent claims in excess of 3 |                          | 104 | 270   | Multiple dependent claim, if not paid |                          | 109 | 80    | **Reissue independent claims over original patent |                          | 110 | 18  | **Reissue claims in excess of 20 & over original patent |                          | <b>SUBTOTAL (2)</b> |     |                 | <b>(\$)[278.00]</b>      |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| Code  | (\$)               | Fee Description  | Fee Paid  |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| 101   | 710                | Utility filing fee   | [710.00]  |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| 105   | 320                | Design filing fee  | <input type="checkbox"/>                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| 107   | 490                | Plant filing fee   | <input type="checkbox"/>                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| 108   | 710                | Reissue filing fee   | <input type="checkbox"/>                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| 114   | 150                | Provisional filing fee   | <input type="checkbox"/>                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| <b>SUBTOTAL (1)</b>   |                    |  | <b>(\$)[710.00]</b>                                 |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
|   | Extra              | Below  | Fee   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
|   | Claims             | Fee  | Paid  |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| Total Claims  | [31] - 20** = [11] | x  | [18] = [198.00]                                     |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| Independent Claims  | [4] - 3** = [1]    | x  | [80] = [80.00]                                      |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| Multiple Dependent  |                    |  | <input type="checkbox"/> = <input type="checkbox"/> |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| ** or number previously paid, if greater; For Reissues, see below   |                    |  |   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| Code (\$)   |                    |  |   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| Fee Description   |                    |  |   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| 103   | 18                 | Claims in excess of 20   |   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| 102   | 80                 | Independent claims in excess of 3  |   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| 104   | 270                | Multiple dependent claim, if not paid  |   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| 109   | 80                 | **Reissue independent claims over original patent  |   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| 110   | 18                 | **Reissue claims in excess of 20 & over original patent  |   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
| <b>SUBTOTAL (2)</b>   |                    |  | <b>(\$)[278.00]</b>                                 |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |
|   |                    | * Reduced by Basic Filing Fee Paid <b>SUBTOTAL(3)</b> (\$) <input type="checkbox"/>  |   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                  |                          |                           |                          |                    |                          |  |                          |                        |                          |  |                          |     |                     |  |                          |     |       |  |                          |     |        |  |                          |              |                    |  |                          |                    |                 |  |                          |                    |       |  |   |   |     |                  |                          |           |     |  |                          |                 |     |                          |                          |     |       |   |                          |     |     |                                   |                          |     |       |                                       |                          |     |       |   |                          |     |     |   |                          |                     |     |                 |                          |     |     |                               |                          |     |    |   |                          |     |     |   |                          |     |     |   |                          |     |     |  |                          |     |     |   |                          |     |     |   |                          |                           |  |  |                          |                           |  |  |                          |

|                     |                |                                   |        |                                 |                |
|---------------------|----------------|-----------------------------------|--------|---------------------------------|----------------|
| <b>SUBMITTED BY</b> |                |                                   |        | <b>Complete (if applicable)</b> |                |
| Name (Print/Type)   | Fumiko Tsuneki | Registration No. (Attorney/Agent) | 40,512 | Telephone                       | (513) 626-1208 |
| Signature           | Fumiko Tsuneki |                                   |        | Date                            | May 29, 2001   |

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